	Connec	cticu	ıt Depa	rtment	of l	Public	Health	Dı	rink	king '	Wate	er S	ectio	n	
	7	Wat	er Qual	lity Mon	ito	oring a	nd Com	ıpl	lian	ce So	ched	ule			
PWS ID	PWS Name							Cla	ssifica	ation P	opulati	on Ov	wner Ty	pe P	rimary Source
CT0580014	CAMPERS \	WORL	D (NOWAKO	OWSKI RD. W	ELL)				NC		25		Р		GW
Local Addres	s (where application	able)				Service	Residen	tial	Com	mercial	Indu	strial	Coml	oined	Agricultural
28 NOWAKO	WSKI ROAD					Connection	S			1					
Towns Serve	d: GRISWOLD														
				Mon	ito	ring Rec	uireme	nts	5						
Water Syste	em Facility: D	DISTRI	BUTION SY	STEM (WS	F ID	: 00600)									
<b>Total Colifo</b>	orm (3100)											1 ro	outine	(RT)	per quarter
Samplin	ng Point (Sampl	ling Po	oint ID)				Monitori	ng F	Period	l Col	lection	Perio	d C	ompli	ance Status
Select fr	rom Inventory o	of Activ	ve Sampling	Points			4/1/19 -	6/3	0/19						
							7/1/19 -	9/3	0/19						
<b>Physical Pa</b>	rameters (PP	PS)										1 ro	outine	(RT)	per quarter
Samplin	ng Point (Sampl	ling Po	oint ID)				Monitori	ng F	Period	l Col	lection	Perio	d C	ompli	ance Status
Select fr	rom Inventory c	of Activ	ve Sampling	Points			4/1/19 -	6/3	0/19						
							7/1/19 -	9/3	0/19						
Water Syste	em Facility: <b>E</b>	NTRY	POINT (W	/SF ID: 0070	00)										
Nitrate And	d Nitrite (NO	X)										:	1 routi	ne (F	RT) per year
Samplin	ng Point (Sampl	ling Po	oint ID)				Monitori	ng F	Period	l Col	lection	Perio	d C	ompli	ance Status
ENTRY F	POINT (3)						1/1/18 -	12/3	31/18					Co	mplete
							1/1/19 -	12/3	31/19						
							1/1/20 -	12/3	31/20						
				Other	Со	mpliand	e Sched	lule	es						
Compliance :	Schedule Activit	ty					L	Due	Date		Ac	hieve	d Date		
SEASONAL ST	TART UP COMPI	LETION	V				4	/15	/2019	)					
		1	Water Sy	stem Fac	cilit	y and Sa	ampling	Po	int I	Inven	tory				
Water										Tota	al Le	ad an	d		
•	/ater System Fa	cility	9	Sampling Po						Colifo		opper			Stage
Facility ID				ID	L	Description			Statu	ıs Rul	le R	ule Tie	er Asbe	estos	WQP 2 DBPF
00600 DI	ISTRIBUTION SY	STEM		4	[	DISTRIBUTION	ON SYSTEM		Α	Υ					
				DOWNSTREA	۱ M	WITHIN 5 S	ERVICE CON	V	Α						
				UPSTREAM	1 \	WITHIN 5 S	ERVICE CON	N	Α						
00700 EN	NTRY POINT			3	E	ENTRY POIN	<b>I</b> T		Α						
20982 W	/ELL			2	١	WELL			Α						
				C	ont	act Info	rmation	)							
Name					Org	ganization							Job '	Title	
Mr. William	C. Brennan				Tbd	l Managem	ent, LLC				Memb	er			
Mailing Addr	ess Line One			Mailing Add	ress I	Line Two					City		Sta	ite	Zip Code
24 Channing	Street								Ν	lew Lon	don		С	Т	06320
Business Pl	hone Extens	sion	Fax	M	obile	Phone	Emergency	Pho	one E	mail Ad	ldress				
860-961-7	138		860-443-2	2223			860-961-	137	3 v	vcbrenn	an@sn	et.net			

Contact Role(s): Administrative Contact, Legal Contact

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Water Quality 1.10111th	or mg am	u don	ipiianee i	Jeneau		
PWS ID	PWS Name			Classification	Population	Owner Type	<b>Primary Source</b>
CT0580014	CAMPERS WORLD (NOWAKOWSKI RD. WELL	)		NC	25	Р	GW
Local Address (\	where applicable)	Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural
28 NOWAKOWS	SKI ROAD	Connections		1			
Towns Served:	GRISWOLD			·			

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

C	onnectic	ut Departme	ent of	Public	Health 1	Drir	nking '	Water S	Section	
	Wa	ter Quality N	<b>Ionit</b>	oring ar	nd Com	plia	nce So	chedule	9	
PWS ID P	NS Name				(	Classif	ication P	opulation (	Owner Type	Primary Source
СТ0580044 Н	OPEVILLE PON	D S.P./BEACH-WELL	#2			N	IC	800	S	GW
Local Address (whe	ere applicable)			Service	Residenti	al Co	mmercial	Industria	Combine	ed Agricultural
193 ROODE ROAD	(ROUTE 201)			Connection	4					
Towns Served: GRI	SWOLD			1						
		N	Monit	oring Req	Juiremen	ts				
Water System Fa	cility: DISTR	IBUTION SYSTEM	(WSF I	D: 00600)						
Total Coliform (	•							1 ו	outine (RT	) per quarter
Sampling Poil	nt (Sampling P	oint ID)			Monitorin	g Peri	od Col	lection Peri	od Com	oliance Status
Select from In	ventory of Act	ive Sampling Points			4/1/19 - 6	5/30/1	.9			
					7/1/19 - 9	9/30/1	.9			
<b>Physical Parame</b>	ters (PPS)							1 ו	outine (RT	) per quarter
Sampling Poil	nt (Sampling P	oint ID)			Monitorin	g Peri	od Col	lection Peri	od Com	oliance Status
Select from In	ventory of Act	ive Sampling Points			4/1/19 - 6	5/30/1	.9			
					7/1/19 - 9	9/30/1	.9			
Water System Fa	cility: ENTR	Y POINT (WSF ID:	00700)							
Nitrate And Nitr	ite (NOX)								1 routine	(RT) per year
Sampling Poi	nt (Sampling P	oint ID)			Monitorin	g Peri	od Col	lection Peri	od Com	oliance Status
ENTRY POINT	(3)				1/1/18 - 1	2/31/:	18	4/1-9/30	(	Complete
					1/1/19 - 1	2/31/:	19	4/1-9/30		
					1/1/20 - 1	2/31/2	20	4/1-9/30		
		Ot	her C	omplianc	e Schedu	ıles				
Compliance Sched	ule Activity				D	ue Da	te	Achiev	ed Date	
SEASONAL START (	JP COMPLETIO	N			4,	/1/201	19			
		<b>Water System</b>	Facili	ity and Sa	ampling I	Poin	t Inven	tory		
Water							Tota	al Lead a	nd	
System Water S	System Facility	Samplin	ng Point	Sampling P	oint		Colifo		er	Stage
Facility ID			D	Description		Sta	itus Rul	e Rule T	ier Asbesto	s WQP 2 DBPR
00600 DISTRIB	UTION SYSTEM	1 4	4	DISTRIBUTION	ON SYSTEM	A	4 Y			
		DOWNS	STREAM	WITHIN 5 SI	ERVICE CON	A	4			
		UPST	REAM	WITHIN 5 SI	ERVICE CON	A	4			
00700 ENTRY F	POINT	3	3	ENTRY POIN	IT	A	4			
20985 WELL		2	2	WELL		A	4			
			Con	tact Info	rmation					
Name			O	rganization					Job Title	 e
Mr. David Cooley				eep-Engineer	ing Unit			Supv Civil E	ngineer	
Mailing Address Lir	ne One	Mailing		s Line Two	=			City	State	Zip Code
163 Great Hill Road			•				Portland		СТ	06480
Business Phone	Extension	Fax	Mobi	le Phone	Emergency F	Phone				
860-342-2215		860-344-2560		205-7552	860-424-3			oley@ct.go	/	
	1						1	- /		

Contact Role(s): Administrative Contact, Legal Contact, Owner

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Water Quarrey From	or mg am	a don	три	arroo c	onean		
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
CT0580044	HOPEVILLE POND S.P./BEACH-WELL #2				NC	800	S	GW
Local Address (	where applicable)	Service	Resider	ntial C	Commercia	al Industri	al Combine	ed Agricultural
193 ROODE RO	AD (ROUTE 201)	Connections	4					
Tarring Company	CDICWOLD							

# Towns Served: GRISWOLD Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

		Connecticut De	epartment of	Public H	Iealth :	Drink	ing W	ater S	ection	
		Water C	uality Monit	oring an	d Com	pliano	ce Sch	edule		
PWS ID		PWS Name	<u> </u>	0						Primary Source
CT058005	54	HOPEVILLE POND S.P./	CAMP-WELL #3			NC	1	150	S	GW
Local Add	ress (v	vhere applicable)		Service	Residenti	ial Comn	nercial I	ndustrial	Combined	d Agricultural
193 ROOE	DE ROA	AD (ROUTE 201)		Connections	1					
Towns Sei	rved: (	GRISWOLD								
			Monito	oring Requ	uiremen	ıts				
Water Sy	/stem	Facility: DISTRIBUTION	ON SYSTEM (WSF II	D: 00600)						
<b>Total Co</b>	liforn	n (3100)						1 r	outine (RT)	per quarter
Sam	pling F	Point (Sampling Point ID)	)		Monitorin	g Period	Collec	tion Perio	d Comp	liance Status
Selec	ct from	n Inventory of Active Sam	pling Points		4/1/19 - 6					
					7/1/19 - 9	9/30/19				
-		meters (PPS)	_							per quarter
		Point (Sampling Point ID)			Monitorin		Collec	tion Perio	d Comp	liance Status
Selec	ct from	n Inventory of Active Sam	ipling Points		4/1/19 - 6					
		5 111 511 <b>5</b> 07 5011			7/1/19 - 9	9/30/19				
•		Facility: ENTRY POIN	II (WSF ID: 00700)							
		litrite (NOX)	1		Monitorin	a Dovind	Callas		-	RT) per year
	PIING F RY POI	Point (Sampling Point ID)			<i>Monitorin</i> 1/1/18 - 1		Collec	tion Perio		liance Status
EINIF	RY PUI	N1 (3)			1/1/18 - 1				C	omplete
					1/1/19 - 1					
			Other Co	ompliance						
Complian	ce Sch	edule Activity				ue Date		Achieve	d Date	
		NITARY SURVEY			3/	24/2019				
SEASONA	L STAF	RT UP COMPLETION				/1/2019				
CORRECTI	IVE AC	TION/CORRECTIVE ACTION	ON PLAN		6/	22/2019				
		Wate	er System Facili	ty and Sai	mpling I	Point I	nvento	ry		
Water							Total	Lead an	nd	
System		er System Facility	Sampling Point		int		Coliform			Stage
Facility ID			ID	Description		Status		Rule Ti	er Asbestos	WQP 2 DBPR
00600	DISTI	RIBUTION SYSTEM	4	DISTRIBUTIO		Α	Υ			
			DOWNSTREAM							
			UPSTREAM	WITHIN 5 SEF						
00700		RY POINT	3	ENTRY POINT	•	Α				
20986	WELI		2	WELL		Α				
59346	ION-	EXCHANGE TREATMENT								
			Con	tact Infori	mation					
Namo				ganization					Joh Titlo	

Name Organization Job Title Mr. David Cooley Deep-Engineering Unit Supv Civil Engineer Mailing Address Line One Mailing Address Line Two City State Zip Code 163 Great Hill Road Portland 06480 CT **Business Phone** Emergency Phone Email Address Extension Fax Mobile Phone 860-342-2215 860-344-2560 860-205-7552 860-424-3333 david.cooley@ct.gov Contact Role(s): Administrative Contact, Legal Contact, Owner

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Water Quarty Monte	or mg am	a don	ipiianee i	Jeneau		
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0580054	HOPEVILLE POND S.P./CAMP-WELL #3			NC	150	S	GW
Local Address (\	where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
193 ROODE ROA	AD (ROUTE 201)	Connections	1				
Towns Served:	GRISWOLD						

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Departme	ent of	f Public H	lealth	Drink	ing W	ater S	ection	
	Water Quality I	Monit	coring an	d Com	pliand	ce Sch	edule		
PWS ID	PWS Name				Classificat	ion Pop	ulation O	wner Type Pr	imary Source
CT0580064	ROOSTERS VALERO				NC		25	Р	GW
Local Address (w	/here applicable)		Service	Resident	ial Comn	nercial I	ndustrial	Combined	Agricultural
832 VOLUNTOW	'N ROAD		Connections			1			
Towns Served: G	GRISWOLD				l				
		Monit	oring Requ	uiremer	nts				
Water System	Facility: <b>DISTRIBUTION SYSTEM</b>	(WSF	D: 00600)						
<b>Total Coliform</b>	(3100)						1 rc	outine (RT) p	er quarter
Sampling P	oint (Sampling Point ID)			Monitorin	ng Period	Collec	tion Perio	d Complic	ance Status
Select from	Inventory of Active Sampling Points			10/1/18 -	12/31/18			Coi	mplete
				1/1/19 -	3/31/19			Coi	mplete
				4/1/19 -	6/30/19				
				7/1/19 -	9/30/19				
<b>Physical Parar</b>	neters (PPS)						1 rc	outine (RT) p	er quarter
Sampling P	oint (Sampling Point ID)			Monitorin	ng Period	Collec	tion Perio	d Complic	ance Status
Select from	<b>Inventory of Active Sampling Points</b>			10/1/18 -	12/31/18			Coi	mplete
				1/1/19 -	3/31/19			Coi	mplete
				4/1/19 -	6/30/19				
				7/1/19 -	9/30/19				
Water System	Facility: ENTRY POINT (WSF ID	00700							
Nitrate And N	itrite (NOX)							1 routine (R	T) per year
Sampling P	oint (Sampling Point ID)			Monitorin	ng Period	Collec	tion Perio	d Complic	ance Status
ENTRY POI	NT (3)		1/1/18 - 12/31/18					Coi	mplete
				1/1/19 - 1	12/31/19				
				1/1/20 - 1	12/31/20				
	0	ther C	ompliance	Sched	ules				
Compliance Sch	edule Activity			D	Due Date		Achieve	d Date	
RESPOND TO SA	NITARY SURVEY			6,	/25/2017				
	Pub	lic Not	tification R	Require	ments				
			Compliance	Notice		lic Notific	ation	PN Cert	<u>fication</u>
Violation/Situat	ion		Period	Tier	Requi	red Pe	rformed	Due to DPH	Received
Repeat Total Col	iform M&R Violation	7/1	/04 - 9/30/04	2	2/9/2	005		2/19/2005	
	Water Systen	ո Facil	ity and Sar	mpling	Point I	nvento	ry		
Water						Total	Lead an	d	
-		_	Sampling Poi	int		Coliform	Coppe	r	Stage
Facility ID		ID	Description		Status	Rule	Rule Tie	er Asbestos	WQP 2 DBPR
00600 DISTR	RIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	Α	Υ			
	DOWN	STREAM	WITHIN 5 SEF	RVICE CON	I A				
	UPST	REAM	WITHIN 5 SEF	RVICE CON	I A				
00700 ENTR	Y POINT	3	ENTRY POINT	•	Α				
20987 WELL		2	WELL		Α				

 Contact Information

 Name
 Organization
 Job Title

 Ms. Jennifer Starkey
 Standard Petroleum

 Mailing Address Line One
 Mailing Address Line Two
 City
 State
 Zip Code

 1 East Avenue
 Bridgeport
 CT
 06607

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connectic	ut Depa	irtment of	Public	Health	Drir	ıking	Water	Section	
	Wa	ter Qua	lity Monite	oring a	nd Con	nplia	nce S	chedul	e	
PWS ID	PWS Name					Classifi	cation	Population	Owner Type	Primary Source
CT0580064	ROOSTERS VALE	RO				N	С	25	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial Co	mmercia	al Industri	al Combine	ed Agricultural
832 VOLUNTOW	N ROAD		Connection	ns		1				
Towns Served: G	RISWOLD									
Business Phone	e Extension	Fax	Mobil	e Phone	Emergency	y Phone	Email A	.ddress		
800-822-3835	3035									
Contact Role(s):	Administrative	Contact	1	,						
Name			Or	ganization					Job Titl	9
Mr. Roy Friedma	ın		Sta	andard Realt	ty LLC			Member		
Mailing Address	Line One		Mailing Address	Line Two				City	State	Zip Code
299 Bishop Aven	299 Bishop Avenue						Bridgep	Bridgeport		06607
Business Phone	e Extension	Fax	Mobil	e Phone	Emergency	y Phone	Email A	ddress	,	
888-742-5276										
Carata at Dala/a).	Land Cambook (	<b></b>	1							

Contact Role(s): Legal Contact, Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connectic	ut Departme	ent of	Public	Health I	)rin	king	Wat	er S	ection	
		ter Quality N									
PWS ID	PWS Name									vner Type	Primary Source
CT0580074	POLISH CLUB					N	С	25		Р	GW
Local Address (w	here applicable)			Service	Residentia	al Cor	mmercia	I Indu	ustrial	Combine	d Agricultural
670 VOLUNTOW	N ROAD			Connection	ns		1				
Towns Served: G	RISWOLD				1			'			'
		r	Monit	oring Red	quiremen	ts					
Water System I	acility: <b>DISTR</b>	IBUTION SYSTEM	(WSF I	D: 00600)							
<b>Total Coliform</b>	(3100)								1 rc	utine (RT	) per quarter
Sampling Po	oint (Sampling P	oint ID)			Monitoring	Perio	od Co	llectio	n Perio	d Comp	oliance Status
Select from	Inventory of Act	ive Sampling Points			10/1/18 - 1	2/31/	18			(	Complete
					1/1/19 - 3	/31/19	9			(	Complete
					4/1/19 - 6	/30/19	9				
					7/1/19 - 9	/30/19	9				
<b>Physical Paran</b>	neters (PPS)								1 rc	utine (RT	) per quarter
Sampling Po	oint (Sampling P	oint ID)			Monitoring	Perio	od Co	llectio	n Perio	d Comp	oliance Status
Select from	Inventory of Act	ive Sampling Points			10/1/18 - 1	2/31/:	18			(	Complete
					1/1/19 - 3					(	Complete
					4/1/19 - 6	/30/19	9				
					7/1/19 - 9	/30/19	9				
Water System I	acility: ENTR	Y POINT (WSF ID:	00700)								
Nitrate And Ni	trite (NOX)								:	L routine	(RT) per year
Sampling P	oint (Sampling P	oint ID)			Monitoring	Perio	od Co	llectio	n Perio	d Comp	oliance Status
ENTRY POIN	IT (3)				1/1/18 - 12	2/31/1	.8			(	Complete
					1/1/19 - 12						
					1/1/20 - 12	/31/2	20				
		<b>Water System</b>	Facili	ity and Sa	ampling P	oint	Inven	itory			
Water							Tot	al L	ead an	d	
	r System Facility			Sampling P			-		Copper		Stage
Facility ID			D	Description		Sta	tus Ru	ile i	Rule Tie	r Asbesto	s WQP 2 DBPR
00600 DISTR	IBUTION SYSTEM		4		ON SYSTEM	А	\ Y	,			
				WITHIN 5 S		А	١.				
		UPST	REAM	WITHIN 5 S	ERVICE CON	А	١				
00700 ENTR	POINT		3	ENTRY POI	NT	А	١				
20988 WELL			2	WELL		А	١				
			Con	tact Info	rmation						
Name			0	rganization						Job Title	2
Ms. Maryanne D	aley		Po	olish Club			1	Perm	ittee		
Mailing Address		Mailing	g Addres	s Line Two				City		State	Zip Code
670 Voluntown F							Jewett 0			СТ	06351
Business Phone	Extension	Fax	Mobi	le Phone	Emergency P	hone	Email Ad	ddress			

860-376-3716

Contact Role(s): Administrative Contact, Legal Contact

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Water Quarity Monne	or mg am	u don	ipiidiiee t	Jeneau		
PWS ID PWS Name C				Classification	Population	Owner Type	Primary Source
CT0580074	POLISH CLUB	NC	25	Р	GW		
Local Address (where applicable)		Service	Residen	tial Commerci	ial Industri	al Combine	ed Agricultural
670 VOLUNTOWN ROAD		Connections		1			
Towns Served: 0	GRISWOLD						

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Do	•						ction			
	Water Q	Quality Monit	oring and (	Compl	ianc	e Sch	edule				
PWS ID	PWS Name			Clas	ssificati	on Popu	lation Ow	ner Type	Primary Source		
СТ058010	598 VOLUNTOWN ROA	D - GRISWOLD			NC	3	37	Р	GW		
Local Add	lress (where applicable)		Service Re	sidential	Comm	ercial Ir	ndustrial	Combine	d Agricultural		
598 VOLU	INTOWN ROAD		Connections		1						
Towns Se	rved: GRISWOLD					l .	L				
		Monito	oring Require	ements							
Water Sy	stem Facility: <b>DISTRIBUTIO</b>	ON SYSTEM (WSF I	D: 00600)								
Total Co	oliform (3100)						1 rou	itine (RT)	per quarter		
Sam	pling Point (Sampling Point ID)	)	Moi	nitoring P	eriod	Collect	ion Period	Comp	liance Status		
Seled	ct from Inventory of Active Sam	pling Points	10/1	L/18 - 12/	31/18			С	omplete		
			1/1	L/19 - 3/3	1/19			С	omplete		
			4/1	L/19 - 6/3	0/19						
			7/1	L/19 - 9/3	0/19						
Physical	Parameters (PPS)						1 rou	itine (RT)	per quarter		
•	pling Point (Sampling Point ID)	)	Moi	nitoring P	eriod	Collect	ion Period		liance Status		
Selec	ct from Inventory of Active Sam	pling Points		10/1/18 - 12/31/18					Complete		
	•	1/1	L/19 - 3/3	1/19				omplete			
			L/19 - 6/3					<u> </u>			
				L/19 - 9/3							
Water Sy	stem Facility: ENTRY POIN	IT (WSF ID: 00700)									
	And Nitrite (NOX)						1	routine (	RT) per year		
	pling Point (Sampling Point ID)	)	Moi	nitoring P	eriod	Collect	ion Period	-	liance Status		
	RY POINT (3)					omplete					
	- (-)		1/1/18 - 12/31/18 Complete 1/1/19 - 12/31/19								
				/20 - 12/3							
	Wate	er System Facili				vento	ry				
Water						Total	Lead and				
System	Water System Facility	Sampling Point	Sampling Point			Coliform			Stage		
Facility IE	)	ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SY	STEM	Α	Υ					
		DOWNSTREAM	WITHIN 5 SERVIC	E CON	Α						
		UPSTREAM	WITHIN 5 SERVIC	E CON	Α						
00700	ENTRY POINT	3	ENTRY POINT		Α						
20989	WELL	2	WELL		Α						
		Con	tact Informa	tion							
Name		Oı	rganization					Job Title			
	os Karakatsanis		12Cbllc			Ow	ner				
	ddress Line One	Mailing Address					ity	State	Zip Code		
	ntown Road	2 3 3 3 3 3 3 3			Gri	iswold	*	CT	06351		
5 .								٥.			

Mobile Phone

347-203-7595

**Business Phone** 

860-591-1021

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

Emergency Phone Email Address

essen009@aol.com

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	गण्याचा व्यवसाम् । । ।	011118 6111		pridire .	9 0 1 1 0 01 01 2		
PWS ID PWS Name C					Population	Owner Type	Primary Source
CT0580104	598 VOLUNTOWN ROAD - GRISWOLD	NC	37	Р	GW		
Local Address (v	Service	Residen	tial Commerci	al Industri	al Combine	ed Agricultural	
598 VOLUNTOWN ROAD		Connections		1			
Towns Served: 0	GRISWOLD						

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Departmen	t of Public H	ealth	Drinki	ng	Water	Section	
	Water Quality Mo	nitoring and	d Com	plianc	e S	chedul	e	
PWS ID PWS Name					on P	opulation	Owner Type	Primary Source
CT0580124	CT0580124 659 VOLUNTOWN ROAD					35	Р	GW
Local Address (	where applicable)	Service	Resident	tial Comm	Commercial		al Combin	ed Agricultural
659 VOLUNTO	WN ROAD	Connections		1	1			
Towns Served:	GRISWOLD							
	Mo	nitoring Requ	ireme	nts				
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)								
Total Colifor	m (3100)					1	routine (R	Γ) per quarter
Samplina	Point (Sampling Point ID)		Monitorii	onitoring Period Collection Period Compliance S				nliance Status

Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT - WELL 2 (WSF ID: 0	0701)		
Nitrate (1040)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT - WELL 2 (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Nitrite (1041)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT - WELL 2 (3)	1/1/18 - 12/31/18		Complete

	W	ater System Facili	ity and Sampling P	oint Ir	nvento	ſy			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	1	WASH SINK	Α	Υ				
		4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00701	ENTRY POINT - WELL 2	3	ENTRY POINT - WELL 2	Α					
50828	BLADDER TANK								
56423	WELL 2	2	WELL 2	Α					

1/1/19 - 12/31/19 1/1/20 - 12/31/20

	C	ontact Information				
Name	Organization		Job Title			
Mr. Shafique U. Ahmed	Griswold S&P, LLC		Owner			
Mailing Address Line One	Mailing Add	ress Line Two		City		Zip Code
650 Valuntown Road		Gricuol	d	СТ	06251	

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Schedule Generation Date: 4/11/2019

	Connectici	ıt Depa	rtment of	f Public	Health	Drir	iking	Water	Section		
	Wat	er Qua	lity Monit	toring a	nd Con	nplia	nce S	Schedul	e		
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source	
CT0580124	659 VOLUNTOWN ROAD							35	Р	GW	
Local Address (w	here applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultural	
659 VOLUNTOW	N ROAD			Connectio	ins		1				
Towns Served: G				•	,	'	UIISWO	nu .	CI	00331	
Business Phone	e Extension	Fax	Mob	bile Phone Emergency P			Email Address				
860-376-5961		860-376-	5961		646-280	-8522					
Contact Role(s):	Administrative (	Contact, Leg	gal Contact				•				
Name			0	rganization			Job Title				
Griswold S & P L	LC										
Mailing Address	Line One		Mailing Addres	s Line Two				City	State	Zip Code	
659 Voluntown R	ld						Griswo	ld	СТ	06351	
Business Phone	Extension	Fax	Mob	ile Phone	e Phone Emergency P			Email Address			
Contact Role(s):	Owner										

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Dep	artmen	t of	Public H	ealth l	Drinki	ng '	Water S	ection	
	Water Qu	ality Mo	onit	oring and	d Com	olianc	e So	chedule		
PWS ID	PWS Name	<u> </u>		- <u>0</u> -					wner Type Pr	imary Source
CT1470194	COUNTRYSIDE CAMPGRO	UND				NC		25	Р	GW
Local Address (w				Service	Residenti		ercial		Combined	Agricultural
75 COOK HILL RO				Connections		1			-	7 igiroarearea
Towns Served: G										
		M	onite	oring Requ	iremen	ts				
Water System	Facility: DISTRIBUTION	SYSTEM (	NSF I	D: 00600)						
<b>Total Coliform</b>	(3100)							1 r	outine (RT) p	er quarter
Sampling P	oint (Sampling Point ID)				Monitoring	g Period	Col	lection Perio	d Compli	ance Status
Select from	Inventory of Active Sampli	ng Points			4/1/19 - 6	5/30/19				
					7/1/19 - 9	/30/19				
Physical Paran	neters (PPS)							1 r	outine (RT) p	er quarter
Sampling P	oint (Sampling Point ID)				Monitoring	g Period	Col	lection Perio	d Compli	ance Status
Select from	Inventory of Active Sampli	ng Points			4/1/19 - 6	5/30/19				
					7/1/19 - 9	/30/19				
Water System	Facility: ENTRY POINT	(WSF ID: 00	700)							
Nitrate And N	itrite (NOX)								1 routine (R	T) per year
Sampling P	oint (Sampling Point ID)				Monitoring	g Period	Col	lection Perio		ance Status
ENTRY POIN	NT (3)				1/1/18 - 1	2/31/18			Coi	mplete
					1/1/19 - 1	2/31/19				
					1/1/20 - 12	2/31/20				
		Oth	er C	ompliance	Schedu	ıles				
Compliance Sch	edule Activity				Di	ue Date		Achieve	d Date	
SEASONAL STAR	T UP COMPLETION				5/	/1/2019				
RESPOND TO SA	NITARY SURVEY				5/	/4/2019				
		Public	Not	ification R	equirer	nents				
			С	ompliance	Notice	Publ	ic Not	<u>ification</u>	PN Cert	<u>ification</u>
Violation/Situat	ion			Period	Tier	Requir	ed	Performed	Due to DPH	Received
Physical Parame	ters M&R Violation		4/1,	18 - 6/30/18	3	8/27/2	019	3/26/2019	9/6/2019	3/26/2019
E. Coli			4/1,	18 - 6/30/18	3	8/27/2	019	3/26/2019	9/6/2019	3/26/2019
	Water	System F	acili	ty and Sar	npling F	oint In	ven	tory		
Water		•		•			Tota		nd	
	r System Facility	Sampling	Point	Sampling Poi	nt		Colifo			Stage
Facility ID		ID		Description		Status	Rul			WQP 2 DBPR
00600 DISTR	RIBUTION SYSTEM	4		DISTRIBUTION	I SYSTEM	А	Υ			
		DOWNSTI	REAM	WITHIN 5 SER	VICE CON	Α				
		UPSTRE	AM	WITHIN 5 SER	VICE CON	Α				
00700 ENTR	Y POINT	3		ENTRY POINT		Α				
22476 WELL		2		WELL		Α				
			Con	tact Inforr	nation					
Name				rganization					Job Title	
			0	041112411011					JOD TICK	

Countryside Campground

Zip Code

06351

State

CT

City

countrysidecampgroundct@gmail.com

Griswold

Emergency Phone Email Address

860-376-0029

Mailing Address Line Two

Mobile Phone

Ms. Linda J. Mackin

75 Cook Hill Road

**Business Phone** 

860-376-0029

Mailing Address Line One

Extension

Fax

860-376-8959

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

		- 0 -		I -			
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1470194	COUNTRYSIDE CAMPGROUND	NC	25	Р	GW		
Local Address (v	where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
75 COOK HILL ROAD		Connections		1			

Towns Served: GRISWOLD

Contact Role(s): Administrative Contact, Legal Contact, Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut	Departmen	t of Public H	ealth	Drinki	ng Wa	ater S	ection	
	Wate	r Quality Mo	onitoring and	d Com	pliance	e Sche	edule		
PWS ID	PWS Name				Classification	n Popul	ation Ov	vner Type F	Primary Source
СТ058009	4 CAMPERS WORLD	EDMOND RD. WEL	L)		NC	2	5	Р	GW
Local Add	ress (where applicable)		Service	Resident	tial Comme	ercial In	dustrial	Combined	l Agricultural
EDMOND	ROAD		Connections	1					
Towns Ser	rved: GRISWOLD				·	·			
		Me	onitoring Requ	iremei	nts				
Water Sy	stem Facility: DISTRIB	JTION SYSTEM (\	WSF ID: 00600)						
<b>Total Co</b>	liform (3100)						1 ro	utine (RT)	per quarter
Samı	pling Point (Sampling Poin	t ID)		Monitorii	ng Period	Collecti	on Period	d Compl	iance Status
Selec	ct from Inventory of Active	Sampling Points	:	10/1/18 -	12/31/18			Co	omplete
				1/1/19 -	3/31/19			Co	omplete
				4/1/19 -	6/30/19				
				7/1/19 -	9/30/19				
Physical	Parameters (PPS)						1 ro	utine (RT)	per quarter
Sam	pling Point (Sampling Poin	t ID)		Monitorii	ng Period	Collecti	on Period	d Compl	iance Status
Selec	ct from Inventory of Active	Sampling Points		10/1/18 -	12/31/18			Co	omplete
				1/1/19 -	3/31/19			Co	omplete
				4/1/19 -	6/30/19				
				7/1/19 -	9/30/19				
Water Sy	stem Facility: ENTRY P	OINT (WSF ID: 00	700)						
Nitrate A	And Nitrite (NOX)						1	L routine (I	RT) per year
Samı	pling Point (Sampling Poin	t ID)		Monitorii	ng Period	Collecti	on Period	d Compl	iance Status
ENTR	RY POINT (3)			1/1/18 - 3	12/31/18			Co	omplete
				1/1/19 - 3	12/31/19				
				1/1/20 - 2	12/31/20				
		Public	<b>Notification R</b>	equire	ments				
			Compliance	Notice	<u>Public</u>	. Notifica	<u>tion</u>	PN Cer	<u>tification</u>
Violation/	/Situation		Period	Tier	Require	ed Perj	formed	Due to DPH	Received
REVISED T	OTAL COLIFORM RULE (RT	CR)	10/1/17 - 12/31/17	3	3/9/202	19		3/19/2019	
	W	ater System F	acility and Sar	npling	Point In	ventor	У		
Water						Total	Lead and	d	
System	Water System Facility	Sampling	Point Sampling Poi	nt		Coliform	Copper		Stage
Facility ID	)	ID	Description		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	Α	Υ			
			REAM WITHIN 5 SER						
		UPSTRE	AM WITHIN 5 SER	VICE CON	l A				
00700	ENTRY POINT	3	ENTRY POINT		Α				
22784	WELL	2	WELL		Α				
			<b>Contact Inform</b>	nation					
Name			Organization					Job Title	
Mr. Willia	m C. Brennan		Tbd Managemer	it, LLC		Mei	mber		

City

wcbrennan@snet.net

New London

Emergency Phone Email Address

860-961-1373

State

CT

Zip Code 06320

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

860-443-2223

24 Channing Street

**Business Phone** 

860-961-7138

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	water Quarty Month	ociicaa.	i C				
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0580094	CAMPERS WORLD (EDMOND RD. WELL)	NC	25	Р	GW		
Local Address (\	vhere applicable)	Service	Resider	ntial Commerc	ial Industr	al Combin	ed Agricultural
EDMOND ROAD	Connections	1					

Towns Served: GRISWOLD

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department	of Public H	lealth 1	Drink	king V	Water	Sec	tion		
	Water Quality Mor									
PWS ID	PWS Name		(	Classifica	ition Po	opulation	Owne	ner Type Primary Sourc		
СТ0581034	DOLLAR GENERAL - GRISWOLD			NC		25	F	)	GW	
Local Address (v	vhere applicable)	Service	Residenti	al Com	mercial	Industria	al Co	ombined	Agricultura	
1151 & 1161 VC	DLUNTOWN RD	Connections			1					
Towns Served: 0	GRISWOLD			'					<u>'</u>	
	Mor	nitoring Requ	iiremen	its						
Water System	Facility: DISTRIBUTION SYSTEM (WS	SF ID: 00600)								
<b>Total Coliforn</b>	n (3100)					1	routi	ne (RT) <sub>l</sub>	er quarter	
Sampling F	Point (Sampling Point ID)		Monitorin	g Period	Coll	lection Per	riod	Compli	ance Status	
Select from	n Inventory of Active Sampling Points		10/1/18 - 1	12/31/18	3			Co	mplete	
			1/1/19 - 3	3/31/19				Co	mplete	
			4/1/19 - 6	5/30/19						
			7/1/19 - 9	9/30/19						
Physical Para	meters (PPS)					1	routi	ne (RT) <sub>I</sub>	er quarter	
Sampling I	Point (Sampling Point ID)		Monitorin	g Period	Coll	lection Per	riod	Compli	ance Status	
Select from	n Inventory of Active Sampling Points		10/1/18 - 1	12/31/18	3			Co	mplete	
			1/1/19 - 3	3/31/19				Co	mplete	
			4/1/19 - 6	5/30/19						
			7/1/19 - 9	9/30/19						
Water System	Facility: ENTRY POINT (WSF ID: 007	00)								
Nitrate And N	litrite (NOX)						1 ro	utine (R	T) per year	
Sampling F	Point (Sampling Point ID)		Monitoring Period Collection Period					d Compliance Status		

	Cor	mplete								
1/1/20 - 12/31/20										
Public Notification Requirements										
	Compliance	Notice	lotice <u>Public Notification</u> <u>PN Ce</u>							
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Physical Parameters M&R Violation	4/1/18 - 6/30/18	3	8/27/2019		9/6/2019					
Total Coliform M&R Violation	4/1/18 - 6/30/18	3	8/27/2019		9/6/2019					

1/1/18 - 12/31/18

Complete

**ENTRY POINT (3)** 

	Water System Facility and Sampling Point Inventory											
Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper		Sta	ige			
Facility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DE	BPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		MW001	MEN'S ROOM	Α	Υ							
		MW002	WOMEN'S ROOM	Α	Υ							
		MW003	SLOP SINK	Α	Υ							
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
58996	WELL 1	2	WELL 1	Α								
59000	WX-102 BLADDER TANK											
59002	TREATMENT PLANT											

	Water Quality Monitoring and Compliance Schedule										
PWS ID	Cla	ssification	Population	Owner Type	Primary Source						
CT0581034	DOLLAR GENERAL - GRISWOLD				NC	25	Р	GW			
Local Address (	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural				
1151 & 1161 V	Connections			1							

Connecticut Department of Public Health Drinking Water Section

			C	ontact Inf	ormation					
Name				Organization	1			Job Title		
Mr. Mark James				Capitol Deve	elopment Partners		Member			
Mailing Address Lin	e One		Mailing Add	Iress Line Two			City	State	Zip Code	
3101 Devine Street						Columbi	а	SC	29205	
Business Phone	Extension	Fax	N	lobile Phone	Emergency Phone	Email Ad	ddress			
803-834-7014										
Contact Role(s): Le	gal Contact		·							
Name				Organization	า			Job Title		
Capitol Developme	nt Partners, LL	С								
Mailing Address Lin	e One		Mailing Add	lress Line Two			City	State	Zip Cod	
3101 Devine Street						Columbi	а	SC	29205	
Business Phone	Extension	Fax	N	lobile Phone	Emergency Phone	Email Ad	ddress			
803-834-7014						tbaldwir	n@cypressre	p.com		
Contact Role(s): O	wner		·							
Name				Organization	า			Job Title		
Mr. Shokoufeh Nikl	bin			Sns Investen	nents, LLC		Member			
Mailing Address Lin	e One		Mailing Add	lress Line Two			City	State	Zip Cod	
4265 Marina City Dı	4265 Marina City Drive #517		#517	N		Marina I	Del Rey	CA	90292	
Business Phone	Extension	Fax	N	lobile Phone	Emergency Phone	Email Ad	ddress			
310-574-0054										
Contact Role(s): A	dministrative (	ontact Leg	al Contact		<u> </u>					

## Contact Role(s): Administrative Contact, Legal Contact

#### Please note the following:

Towns Served: GRISWOLD

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

			45 11	1.7.					
	Connecticut Dep					_			
	Water Qu	ality Mo	onitoring and	d Comp	oliai	nce So	chedule		
PWS ID	PWS Name			C	lassifi	cation P	opulation O	wner Type Pi	imary Source
CT0581054	HANNAH'S MARKET & DEL	I			N	2	25	Р	GW
Local Address	(where applicable)		Service	Residentia	l Cor	nmercial	Industrial	Combined	Agricultural
1027 VOLUNT	OWN ROAD		Connections			1			
Towns Served:	GRISWOLD								
		M	onitoring Requ	irement	ts				
Water Syster	n Facility: <b>DISTRIBUTION</b>	SYSTEM (	WSF ID: 00600)						
<b>Total Colifor</b>	m (3100)						1 r	outine (RT) <sub>I</sub>	er quarter
Sampling	Point (Sampling Point ID)		ı	Monitoring	Perio	d Col	lection Perio	d Compli	ance Status
Select fro	m Inventory of Active Sampli	ng Points	-	10/1/18 - 12	2/31/2	18		Co	mplete
				1/1/19 - 3,	/31/19	9			
				4/1/19 - 6,	/30/19	9			
				7/1/19 - 9,	/30/19	9			
Physical Par	ameters (PPS)						<b>1</b> r	outine (RT) <sub>ا</sub>	er quarter
Sampling	Point (Sampling Point ID)		ı	Monitoring	Perio	d Col	lection Perio	d Compli	ance Status
Select fro	m Inventory of Active Sampli	ng Points		10/1/18 - 12				Co	mplete
				1/1/19 - 3,					
				4/1/19 - 6,					
				7/1/19 - 9,	/30/19	)			
Water Syster	n Facility: ENTRY POINT	(WSF ID: 00	0700)						
	Nitrite (NOX)							1 routine (R	
Sampling	Point (Sampling Point ID)		ı	Monitoring	Perio	d Col	lection Perio	d Compli	ance Status
ENTRY PC	DINT (3)			1/1/18 - 12				Co	mplete
				1/1/19 - 12					
				1/1/20 - 12	/31/2	0			
		Public	Notification R	equiren	nent	S			
			Compliance	Notice		<u>ublic Not</u>			<u>ification</u>
Violation/Situ			Period	Tier			Performed	Due to DPH	Received
	neters M&R Violation		4/1/17 - 6/30/17	3		5/2018		8/25/2018	
Total Coliform	M&R Violation		4/1/17 - 4/30/17	3	-	5/2018		8/25/2018	
	Water	System F	acility and San	npling P	oint	Inven	tory		
Water						Total			
•	ter System Facility		Point Sampling Point	nt		Colife			Stage
Facility ID		ID	Description		Stat		le Rule Ti	er Asbestos	WQP 2 DBPR
	TRIBUTION SYSTEM	4	DISTRIBUTION	ISYSTEM	Α				
	TRY POINT	3	ENTRY POINT		Α				
60507 WE	LL 1	2	WELL 1		Α				
			<b>Contact Inform</b>	nation					
Name			Organization					Job Title	
Mr. James Lyn	ın								
Mailing Addre	ss Line One	Mailing A	ddress Line Two				City	State	Zip Code
1027 Voluntov	vn Rd.					Griswold		СТ	06351

Emergency Phone Email Address

jameslynn96@gmail.com

Mobile Phone

**Business Phone** 

860-940-7186

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Water Quality Promit	91 1119 all	a don	pnance	Jeneau		
PWS ID	NS ID PWS Name C					Owner Type	Primary Source
CT0581054	HANNAH'S MARKET & DELI		NC	25	Р	GW	
Local Address (v	vhere applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
1027 VOLUNTO	WN ROAD	Connections		1			
Towns Served: 0	GRISWOLD						

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	onartment of	Dublic L	Ioalth	Dr	rinki	na M	Jator	· So	ction		
	Connecticut Do Water Q	Quality Monit					_			Ction		
PWS ID	PWS Name									ner Type	Primar	mary Source
CT0581044	EAST COAST AUTO SAL	ES & SERVICE				NC		25		Р	G	W
Local Addre	ess (where applicable)		Service	Residen	tial	Comm	ercial	Industr	ial	Combine	d Agr	icultural
2 & 4 BUSINESS PARK WAY			Connections			2						
Towns Serv	ed: GRISWOLD						-				'	
		Monit	oring Requ	uireme	nts	;						
Water Sys	tem Facility: DISTRIBUTION	ON SYSTEM (WSF I	D: 00600)									
Total Coli	form (3100)							1	l rou	itine (RT	) per q	uarter
Sampl	ing Point (Sampling Point ID)	)		Monitori	ing P	Period	Collec	ction Pe	riod	Comp	liance	Status
Select	from Inventory of Active Sam	pling Points		10/1/18 -	- 12/	31/18				(	Comple	te
			1/1/19 - 3/31/19							(	Comple	te
			4/1/19 - 6/30/19									
				7/1/19 -	9/3	0/19						
Physical P	Parameters (PPS)							1	L rou	itine (RT	) per q	uarter
Sampl	ing Point (Sampling Point ID)	)		Monitori	ing P	Period	Collec	ction Pe	riod	Comp	oliance	Status
Select	from Inventory of Active Sam	pling Points		10/1/18 - 12/31/18					Complete			
				1/1/19 - 3/31/19						(	Comple	te
			4/1/19 - 6/30/19									
				7/1/19 -	9/3	0/19						
Water Sys	tem Facility: ENTRY POIN	IT (WSF ID: 00700)										
Nitrate A	nd Nitrite (NOX)								1	routine	(RT) pe	er year
Sampling Point (Sampling Point ID)				Monitori	ing P	Period	Colle	Collection Period			Compliance Status	
ENTRY	POINT (3)			1/1/18 -	12/3	31/18				(	Comple	te
				1/1/19 -	12/3	31/19						
				1/1/20 -	12/3	31/20						
	Wate	er System Facil	ity and Sai	mpling	Po	int In	vento	ory				
Water							Total	Lead	and			
	Water System Facility	Sampling Point		int			Coliforn		-		14/05	Stage
Facility ID		ID .	Description			Status	Rule	Kule	Her	Asbesto	s WQP	2 DBPF
	DISTRIBUTION SYSTEM	4	DISTRIBUTIO		1	Α .						
	ENTRY POINT	3	ENTRY POINT	-		Α						
	WELL 1	2	WELL 1			Α						
60516 I	BLADDER TANK											
		Con	tact Infor	mation	1							
Name			rganization							Ioh Title		

			Co	ontact Inf	ormation					
Name		Organization	1	Job Title						
Mr. Daniel Hunter			East Coast A	uto Sales & Servic	Owner/Member					
Mailing Address Lin	e One	ess Line Two		City		State	Zip Code			
2 Business Parkway	Business Parkway					Griswold		СТ	06351	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Address				
860-376-5000						eastcoastautogroupllc@hotmail.com				
Contact Role(s): A	dministrative	Contact Lea	al Contact O	wner		1				

	Connecticut	t Depa	irtment of	f Public	Health	ı Drii	ıking	g Water	Section				
	Wate	r Qua	lity Monit	toring a	nd Con	nplia	nce S	Schedu	le				
PWS ID P	WS Name	Classif	ication	Population	Owner Type	Primary Source							
CT0581044 E	AST COAST AUTO	SERVICE	N	IC	25	Р	GW						
Local Address (wh	ere applicable)	Service	Resider	ntial Co	ommercial Industria		al Combine	d Agricultural					
2 & 4 BUSINESS PA	Connection	ns		2									
Towns Served: GR	ISWOLD			1	"	'		'	'	'			
Name		rganization				Job Title							
Mr. Michael Dingi	ivan												
Mailing Address Li	s Line Two	ne Two			City	Zip Code							
	ı Road			Griswold		СТ	06351						
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	y Phone	Email Address						
860-376-5000							eastcoastautogroupllc@hotmail.com						
Contact Role(s):	Owner			"			1						

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule